Crisis Hostage Negotiation Training

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Outline

- Objectives
- Team Make-up
- Typical Development of a Hostage Incident
- Normal Initial Response Procedures
- Mental Health Provider Role in Hostage Situations
- Develop Profile of Hostage Taker to Determine Possible Actions
  - Mentally Disturbed Hostage Taker
    - Paranoid
    - Depressed
    - Antisocial
    - Inadequate personality
  - Criminal
  - Prisoner
  - Terrorist
- Types of Victim Response Syndromes
- Guidelines for the Negotiation Process
- Indicators of Progress
- Posttest

Crisis Hostage Negotiation Briefing Objectives

- Detail mental health consultant's role in:
  - Facilitating Communication
  - Monitoring the stress of the negotiation process
  - Developing a profile of hostage taker
  - Understanding victim response syndromes
  - Monitoring victim/negotiation team responses
  - Becoming aware of guidelines for negotiations
  - Learning the signs of negotiation progress or deterioration

You Are A Member of a Team

- Primary Negotiator- a law enforcement professional, specially trained to negotiate
- Secondary Negotiator- records incidents, threats, promises made, deadlines, new info,team strategy and decisions
- Psychological Consultant-YOU
- Team Leader- organizes, assigns roles, liaison to on-scene commander (OSC)

Why Negotiate?

- If lethal force is used, there is a 78% chance that someone will die.
- Resolution without use of force is preferred
- Provides better understanding of the crisis through direct contact with perpetrators and possibly even the victims
- Best source of intelligence
- Buys time to gather needed resources

Typical Development of a Hostage Incident

- Confusion Stage: No one in charge, no communication outside, no demands
- Organizational Stage: Selection of leaders, what to do with hostages, accessing their resources
- Demand Stage: Dialogue begins with HT(s)
- Negotiation Stage: Dialogue to final peaceful resolution/ confrontation

Normal Initial Response Procedures

- Security Forces called into action
- SF calls MH clinic or on-call MH provider (night), who records pertinent data on incident
- Flight Commander called
- MH HNT Team Chief called and a 1st responder team is identified

Initial Response (continued)

- SF and Medical Command and Control are notified as to who is responding and what type of vehicle they are driving to the scene
- Consultant goes to the scene
- MH HNT Response team book and cell phone are retrieved and taken to site
- Get MH record if HT is known and has one
- Stay in contact with Team Chief/Flight Commander

Mental Health Provider Role in Hostage Situations

- Facilitate Communication
  - Within the HNT cell
  - Between HNT cell and SF Command Post
  - With the Hostage Taker(s) (HT)
  - With the Hostages, if possible
- Make sure people are listening accurately
- REMEMBER, You are there to act as a consultant, not as a direct negotiator

Monitoring Stress of the Negotiation Process

- Monitor hostage taker for psychological changes
- Monitor negotiator for stress reactions
- Monitor negotiation team for stress reactions
- Monitor on-scene command personnel for stress reactions
- Monitor yourself for stress reactions

Hostage Taker to Determine Possible Actions

- Four Types of Hostage Takers
  - Mentally disturbed: Represents 52% of all hostage incidents. Most unpredictable, may not fit diagnostic categories. Includes four broad categories: paranoid and depressed types, antisocial and inadequate personalities
  - Criminal: Usually caught in act of crime
  - Prisoner: In process of revolting or rioting
  - Terrorist: Wants publicity for the “cause”, is well prepared, ready to kill and be killed

Mentally Disturbed Hostage Taker: Paranoid, various types

- Assess for paranoid features along a continuum from paranoia, to paranoid PD, to paranoid schizophrenia
- Listen for delusions: of grandeur, persecution, or with religious overtones
- Often takes hostages in order to carry out a “master plan” or “has a special mission”
  - Keith and Kate Haigler, Jasper AK, 1982

Mentally Disturbed Hostage Taker: Paranoid, various types

- Negotiation Approach
  - Accept statements as true for them
  - “I can’t hear the voice that you do, but I understand what you are saying.”
  - Do not try to argue or convince them that their beliefs are wrong
  - Discuss other topics to achieve some rapport; find an alternative solution to his demands
  - Use a problem solving approach

Mentally Disturbed Hostage Taker: Depressed, various types

- Assess for depressive features along a continuum from reactive depression to MDD with psychotic features.
- Listen for cues to level of hopelessness, helplessness, worthiness to live, guilt
- Potential for suicide is extremely high, as is potential for killing any hostages
- Hostages are often family or persons known to him

Mentally Disturbed Hostage Taker: Depressed, various types

- Negotiation Approach
  - Provide understanding and support, along with continual reassurance that he has self worth
  - Avoid statements like “things aren’t that bad”, which suggests a lack of understanding
  - Gently interrupt long statements about “sins”
  - Convince him to talk about anything positive
  - Ask about suicide

Mentally Disturbed Hostage Taker: Antisocial personality

- Classic “manipulator” or “con artist”
- Absence of any conscience or guilt feelings
- Self-centered, stimulus-seeking
- Easily commit acts of violence
- Often a glib and convincing speaker, presents self extremely well
  - hostages may see him as a “nice young man” authorities are harassing

Mentally Disturbed Hostage Taker: Antisocial personality

- Negotiation Approach
  - A rational problem solving strategy should permeate the negotiation
  - Use good common sense and reason, emphasize how HT can “win” by giving up
  - Negotiations may be businesslike, be prepared for intermittent periods of emotionality
  - Stall for time, time brings boredom and shifting needs

Mentally Disturbed Hostage Taker: Inadequate personality

- Uses ineffective, self-defeating and inept methods for dealing with life circumstances, stress, and negative emotions
- Displays poor adaptation to change, poor judgment in problem-solving
- Taking hostages may be his last chance to prove to someone (wife, parents, girlfriend) that he can succeed at something

Mentally Disturbed Hostage Taker: Inadequate personality

- Negotiation Approach
  - Understanding and uncritical acceptance should be provided
  - Work to establish credibility; be straight with HT and encourage reciprocation
  - Help him find a way to end the incident without having “failed again”
  - Do not bring parents, friends, etc to the scene
  - Offer help, present viable alternatives

Criminal Hostage Taker

- Characteristics
  - Determine whether this is a mentally disturbed person caught in the act of committing a crime
  - Or a person who has had frequent contact with the law, and is a “street-wise” career criminal
- Negotiation Strategies
  - Reality oriented discussion, facts of the situation, accept physical safety in return for the release of the hostages

Prisoner Hostage Taker

- Characteristics
  - Riots usually center around complaints or demands for improvement, hostages give bargaining power and media attention
  - Hostages, being law enforcement personnel, are at higher risk for being killed or injured
- Negotiation Strategies
  - Is it an unstructured or structured group?
  - Match negotiation tone to leader's style, mutual respect

Terrorist Hostage Taker

- Characteristics:
  - Incidents have been planned for months
  - HT(s) have physical and psychological support of their fellow members, may be prepared to die, likelihood of hostages being killed is very high
  - Negotiation Strategy: Convince HT(s) that their point has been made, their demands have been heard, and killing the hostages would simply serve to discredit them in the eyes of the public

Be Alert For Victim Responses

Three Types of Victim Response Syndromes:

- Stockholm Syndrome:
  - Victims may develop positive feelings for HT(s) and negative feelings for negotiators
  - Result: Can interfere with negotiations, but may keep victims alive

Types of Victim Response Syndromes

- London Syndrome:
  - Victims act in extremely negative way toward HT(s)
  - Result: Increases risk of death for victims
- Rochester Syndrome:
  - Victims act with extreme identification and bond to HT(s)
  - Result: Victims may actually act against negotiators

Victim and Negotiation Team Responses After the Incident

- May be positive reaction due to success and opportunity for mastery
- Unaffected
- Suffering but not seeking help
- Suffering and seeking help--look for PTSD reactions: nightmares, startles, avoidance
- Treatment of victims: Enhance restored sense of self-control, nurture, decrease feelings of helplessness, express anger

Guidelines for the Negotiation Process

- TEAM- take your time! The passage of time increases the likelihood hostages will be released unharmed
- Pick your time. The negotiation team controls the initiation of interaction. Don’t rush to contact the HT, allow him to calm down
- Prepare yourself mentally and physically for potentially protracted negotiations
- Plan for relief and don’t hesitate to use it!

Guidelines (continued)

- Gather information - What kind of data?
- Get personal, the more personal the better
- Use open-ended questions
- Talk the language of the hostage taker
- Assess the mental status of the hostage taker
- NEVER SAY “NO”
- Always try to make the HT decide; make him have to review the situation and decide among options presented by the negotiator

Guidelines (continued)

- Offer the minimum
- Ask him who will listen to him if he starts killing people?
- Downplay the past, “let’s not make the future worse”
- Always allow him to think there is an out
- Suggest that both sides can win
- Avoid tricks, be honest, but be prepared to lie to save lives

Guidelines (continued)

- Use, “I’ll have to check with my superiors.”
- Avoid deadlines if possible; don’t remind HT one is coming up-he may lose track
- Don’t offer suggestions too quickly - make the HT work
- Watch out for flag words such as “surrender,” “hostages,” and “give up.”
- Bargain early for release of sick hostages,children- increases intelligence

Guidelines (continued)

What Do You Negotiate?

- Food: don’t give more than was requested
- Drinks: soft drinks only!
- Transportation: poor idea- don’t go mobile
- Freedom: Negotiator should know what the policy is on promising freedom- see OSC
- Weapons or ammunition: Are you kidding!?

Guidelines (continued)

What Do You Negotiate? (Continued)

- Money: A common item of exchange
- Exchange of Hostages: Generally a poor tactic, increases risk. Consultants make really bad hostages!
- Media Coverage: This may defuse the situation
- Family on scene: Unpredictable; mostly no!

Guidelines (continued)

Mode of Contact:

- Bull Horn: Impersonal, hard to develop trust
- Face to Face: Helps develop rapport, may increase trust, but extremely high risk
- Telephone: Personal, private with maximum protection. Preferred method

Guidelines (continued)

- Give the hostages minimal attention(importance) once you have determined they are okay
- Be cautious about letting friends or family talk to the hostage taker
- If needed, time the assault once the hostage taker thinks he has succeeded
- Support the tactical option. Can you help talk someone into a shot?
- Never negotiate alone

Indicators of Negotiation Progress

- No one has been killed or injured
- Decreased frequency of threats of violence
- The subject's voice is lower; rate of speech is slower; talks for longer periods of time; and he talks about more personal things
- Hostages have been released
- Deadlines have passed
- Shift from emotional to rational thinking

Indicators of Progress (continued)

- HT will talk about topics unrelated to crisis
- Signs of rapport developing with the negotiator
- HT more willing to follow negotiator's suggestions
- Pizza has finally arrived!

Crisis Hostage Negotiation: Summary

- Mental health provider role
  - Facilitate communication
  - Monitoring stress of the negotiation process
  - Develop profile of hostage taker
  - Monitor victim and negotiation team responses
  - Know guidelines for negotiations
  - Know guidelines for measuring negotiation progress
  - Be prepared to do CISM with victims/Team
  - CONSULT- DON'T NEGOTIATE

Questions

1. The MH Consultant's role is to:
   a. Negotiate
   b. Facilitate Communication
   c. Monitor victim/negotiation team responses
   d. b & c
2. Which of the following is NOT a hostage negotiation stage
   a. Confusion Stage
   b. Demand Stage
   c. Organizational Stage
   d. Seeking Stage
3. Which of the following does not fit the typical hostage taker profile
   a. Criminal: Usually caught in act of crime
   b. Executive:
   c. Terrorist:
   d. Prisoner: In process of revolting or rioting

4. What would be the negotiation strategy with a criminal hostage taker
    a. Appeal to their family
    b. Reality oriented discussion
    c. Give in to all their demands
    d. Ask them to give up or die
5. List the three victim responses
    a. *Stockholm Syndrome*
    b. London Syndrome
    c. Rochester Syndrome
6. Which of the following is not a good negotiation practice?
    a. Get personal, the more personal the better
    b. Use closed-ended questions
    c. Offer the minimum
    d. Talk the language of the hostage taker
7. Which of the following is the best indicator of progress
    a. Hostages have been released
    b. Hostages have been injured/killed
    c. Hostage taker is thinking emotionally
    d. Increased frequency of threats of violence